

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034591

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 141 Primary Registration District No. 5554 Registrar's No. 163

DO NOT WRITE
ON THIS STUB

AMENDED

FILED SEP 24 1962

1. PLACE OF DEATH a. COUNTY <i>Howell</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Howell</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Pottersville</i>		c. CITY OR TOWN <i>Pottersville</i>	
Length of stay in lb mins.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Highway K</i>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Raymond Jack Robinson</i>		4. DATE OF DEATH Month Day Year <i>September 18, 1962</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>2-15-27</i>
9. AGE (last birthday) <i>35 yrs.</i>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Clerk</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Dry Goods Store</i>	
11. BIRTHPLACE (City and state or country) <i>Moody, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Oscar Robinson</i>		13b. MOTHER'S MAIDEN NAME <i>Ella May Vaughan</i>	
14. NAME OF HUSBAND OR WIFE <i>Helen May McGoldrick</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>yes WW 2</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>Mrs. Jack Robinson, Pottersville, Mo</i>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Heart failure, heart pierced by steering pole on wheel - 2 car, head on collision</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Head on Collision</i>	
20c. TIME OF INJURY Hour a.m. Month, Day, Year <i>7:45 a.m. 9-18-62</i>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Highway K - Pottersville (Home)</i>	20e. CITY, TOWN, OR LOCATION COUNTY STATE <i>Pottersville (Home) Mo</i>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <i>7:45 a.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Frank Cook Coroner</i>		22b. ADDRESS <i>West Plains, Missouri</i>	
22c. DATE SIGNED <i>9-19-62</i>		22d. LOCATION (City, town, or county) (State) <i>Pottersville, Mo.</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	23b. DATE <i>9-21-62</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Gospel Hill Cemetery</i>	
24. FUNERAL DIRECTOR <i>Robertson's, West Plains, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>9-22-62</i>	
26. REGISTRAR'S SIGNATURE <i>Beatrice Cook</i>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

10460
20460
3
4 0
5 1
6
7 0
8 2
9 X
10
11 46
12 71-3
13 1-0

SEP 25 1962

SEP 28 1962

SEP 27 1962

NOV 2 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3432

P. O. Address West Plains, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.